

AO 242 (Rev. 09/17) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241

# UNITED STATES DISTRICT COURT

for the

U.S. DISTRICT COURT NORTHERN DISTRICT OF TEXAS
FILED
JAN 12 2023
CLERK, U.S. DISTRICT COURT
By: <u>MW</u> Deputy

Justina maria Holland  
Petitioner

v.

Case No.

**4-23CV-041-Y**  
(Supplied by Clerk of Court)

Smith FMC Carswell  
Respondent  
(name of warden or authorized person having custody of petitioner)

## PETITION FOR A WRIT OF HABEAS CORPUS UNDER 28 U.S.C. § 2241

### Personal Information

- (a) Your full name: Justina maria Holland

(b) Other names you have used: Rummel, Zisk, Largo
- Place of confinement:

(a) Name of institution: FMC Carswell

(b) Address: PO Box 27137  
Fort Worth TX 76127

(c) Your identification number: 73612-018
- Are you currently being held on orders by:

☒ Federal authorities      ☐ State authorities      ☐ Other - explain:
- Are you currently:

☐ A pretrial detainee (waiting for trial on criminal charges)

☒ Serving a sentence (incarceration, parole, probation, etc.) after having been convicted of a crime

If you are currently serving a sentence, provide:

(a) Name and location of court that sentenced you: Florida, middle district

(b) Docket number of criminal case: 6:20-CR-86-RBD-EJK

(c) Date of sentencing: 10-25-2021

☐ Being held on an immigration charge

☐ Other (explain):

### Decision or Action You Are Challenging

- What are you challenging in this petition:

☒ How your sentence is being carried out, calculated, or credited by prison or parole authorities (for example, revocation or calculation of good time credits)

AO 242 (Rev. 09/17) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241

- ☐ Pretrial detention  
☐ Immigration detention  
☐ Detainer  
☐ The validity of your conviction or sentence as imposed (for example, sentence beyond the statutory maximum or improperly calculated under the sentencing guidelines)  
☐ Disciplinary proceedings  
☐ Other (explain): \_\_\_\_\_

6. Provide more information about the decision or action you are challenging:

(a) Name and location of the agency or court: FMC Carswell  
Fort Worth, Texas

(b) Docket number, case number, or opinion number: \_\_\_\_\_

(c) Decision or action you are challenging (for disciplinary proceedings, specify the penalties imposed):

My application of the first step act credits  
owed to me so that I am at the percentage needed  
to apply for Cares act to go on home confinement(d) Date of the decision or action: 1/10/2023**Your Earlier Challenges of the Decision or Action**7. **First appeal**

Did you appeal the decision, file a grievance, or seek an administrative remedy?

☒ Yes ☐ No

(a) If "Yes," provide:

(1) Name of the authority, agency, or court: FMC Carswell  
Fort Worth Texas(2) Date of filing: 12-15-2022(3) Docket number, case number, or opinion number: BP-5148.055(4) Result: rejected / won't answer it(5) Date of result: 12-15-2022(6) Issues raised: I am eligible for FSA and owed 15 days  
per 30 plus for all the classes I have completed  
which is the full 365 days per policy. I was only  
given 10 days per 30 and only 5 months worth. I need  
my FSA credits to be able to apply for Cares act and go  
home as I am very sick

(b) If you answered "No," explain why you did not appeal: \_\_\_\_\_

8. **Second appeal**

After the first appeal, did you file a second appeal to a higher authority, agency, or court?

☒ Yes ☐ No

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(a) If "Yes," provide:

(1) Name of the authority, agency, or court: FMC Corswell  
Ft. Worth, Texas(2) Date of filing: 12-21-2022(3) Docket number, case number, or opinion number: BP-9 to Warden(4) Result: Sent back refused it due to unanswered 8.5(5) Date of result: 12-23-2022(6) Issues raised: Same issues as 8.5, additionally that they refused to give me an 8.5 because it was for FSA credits and that I was told by unit team that if I was able to obtain one it would go in the trash can and not be answered.

(b) If you answered "No," explain why you did not file a second appeal:

9. **Third appeal**

After the second appeal, did you file a third appeal to a higher authority, agency, or court?

☐ Yes☒ No

(a) If "Yes," provide:

(1) Name of the authority, agency, or court: \_\_\_\_\_

(2) Date of filing: \_\_\_\_\_

(3) Docket number, case number, or opinion number: \_\_\_\_\_

(4) Result: \_\_\_\_\_

(5) Date of result: \_\_\_\_\_

(6) Issues raised: \_\_\_\_\_

(b) If you answered "No," explain why you did not file a third appeal:

I was refused a BP-10 to Regional by my unit team because they said it was due to FSA credits and since no one would answer my BP-910. **Motion under 28 U.S.C. § 2255** then regional would not answer me anyway

In this petition, are you challenging the validity of your conviction or sentence as imposed?

☐ Yes☒ No

If "Yes," answer the following:

(a) Have you already filed a motion under 28 U.S.C. § 2255 that challenged this conviction or sentence?

☐ Yes☐ No

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If "Yes," provide:

(1) Name of court: \_\_\_\_\_

(2) Case number: \_\_\_\_\_

(3) Date of filing: \_\_\_\_\_

(4) Result: \_\_\_\_\_

(5) Date of result: \_\_\_\_\_

(6) Issues raised: \_\_\_\_\_

- (b) Have you ever filed a motion in a United States Court of Appeals under 28 U.S.C. § 2244(b)(3)(A), seeking permission to file a second or successive Section 2255 motion to challenge this conviction or sentence?

☐ Yes

☐ No

If "Yes," provide:

(1) Name of court: \_\_\_\_\_

(2) Case number: \_\_\_\_\_

(3) Date of filing: \_\_\_\_\_

(4) Result: \_\_\_\_\_

(5) Date of result: \_\_\_\_\_

(6) Issues raised: \_\_\_\_\_

- (c) Explain why the remedy under 28 U.S.C. § 2255 is inadequate or ineffective to challenge your conviction or sentence: \_\_\_\_\_

**11. Appeals of immigration proceedings**

Does this case concern immigration proceedings?

☐ Yes

☒ No

If "Yes," provide:

(a) Date you were taken into immigration custody: \_\_\_\_\_

(b) Date of the removal or reinstatement order: \_\_\_\_\_

(c) Did you file an appeal with the Board of Immigration Appeals?

☐ Yes

☐ No

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If "Yes," provide:

(1) Date of filing: \_\_\_\_\_

(2) Case number: \_\_\_\_\_

(3) Result: \_\_\_\_\_

(4) Date of result: \_\_\_\_\_

(5) Issues raised: \_\_\_\_\_

(d) Did you appeal the decision to the United States Court of Appeals?

☐ Yes

☐ No

If "Yes," provide:

(1) Name of court: \_\_\_\_\_

(2) Date of filing: \_\_\_\_\_

(3) Case number: \_\_\_\_\_

(4) Result: \_\_\_\_\_

(5) Date of result: \_\_\_\_\_

(6) Issues raised: \_\_\_\_\_

12. **Other appeals**

Other than the appeals you listed above, have you filed any other petition, application, or motion about the issues raised in this petition?

☐ Yes

☒ No

If "Yes," provide:

(a) Kind of petition, motion, or application: \_\_\_\_\_

(b) Name of the authority, agency, or court: \_\_\_\_\_

(c) Date of filing: \_\_\_\_\_

(d) Docket number, case number, or opinion number: \_\_\_\_\_

(e) Result: \_\_\_\_\_

(f) Date of result: \_\_\_\_\_

(g) Issues raised: \_\_\_\_\_

## Grounds for Your Challenge in This Petition

13. State every ground (reason) that supports your claim that you are being held in violation of the Constitution, laws, or treaties of the United States. Attach additional pages if you have more than four grounds. State the facts supporting each ground. Any legal arguments must be submitted in a separate memorandum.

**GROUND ONE:** Per FSA guidelines I qualify for 15 days per 30 days, in addition to completed programs up to 365 days off for early release, anything else that goes to probation being shortened

(a) Supporting facts (Be brief. Do not cite cases or law.):

My attached completion sheet shows as of my last term date 12-5-2022 I am FSA eligible and you can see the time they gave me of only 50 days not 365 days as I am owed. I am low recidivism and have been from start of incarceration

(b) Did you present Ground One in all appeals that were available to you?

☒ Yes

☐ No

**GROUND TWO:** Any remedy I try to do to get this fixed is being denied. I'm told it will go in trash or it gets handed back unanswered because previous claim was unanswered, I'm refused a BP-10 all together to go in

(a) Supporting facts (Be brief. Do not cite cases or law.):

See the capat sent to Case Mgr Washington and a copy of the BP-9 I submitted but was sent back to me by MS. K the Secretary for the warden because I didn't have an answered 8.5 that I was refused and told would be thrown away.

(b) Did you present Ground Two in all appeals that were available to you?

☒ Yes

☐ No

**GROUND THREE:** They (unit team) is trying to say they can't help get credits applied or fixed so that I can file for Ceres act to go home but that is a lie as they've done it for other inmates here this year to be able to go home

(a) Supporting facts (Be brief. Do not cite cases or law.):

I am trying to get my credits so I can apply for Ceres act as I am very sick. Last year they manually applied credits to Tomika Parker who left on 4-19-22 after being given a Kill Year of FSA credits after having only been here for 5 months. She is same illness as me. See my capat and BP-9 where I state that.

(b) Did you present Ground Three in all appeals that were available to you?

☒ Yes

☐ No

I saw Tomika paperwork that showed this. Can't confirm on that inmate.

**GROUND FOUR:**

(a) Supporting facts (Be brief. Do not cite cases or law.):

(b) Did you present Ground Four in all appeals that were available to you?

☐ Yes

☐ No

14. If there are any grounds that you did not present in all appeals that were available to you, explain why you did not:

**Request for Relief**

15. State exactly what you want the court to do: I am asking the courts to manually apply the 365 days owed to me for the first step act. I've been on waitlist the entire time I have been incarcerated which counts as programming. I have also completed 8 classes, in addition to Blackstone Career Institute Paralegal College which gives me 915 hours of credit time. I qualify for 15 days per 30 for being on waitlist in addition to additional time for all the completed classes. I am a Core level 3 per my MOS attached and wheelchair bound, need assistance with all ADL's also in my MOS and medical records here. This credit would allow me to go home on the cove act to home confinement where my husband can take care of all my medical needs as I am unable to provide self care here. They have manually applied credits to others on my floor to allow them to go home on cove. I am camp status minimum custody, low recidivism. I just want what is owed to me but being refused and I'm unable to use my rights to file remedies as they are being denied to me.



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**Declaration Under Penalty Of Perjury**

If you are incarcerated, on what date did you place this petition in the prison mail system:

1/10/2023

I declare under penalty of perjury that I am the petitioner, I have read this petition or had it read to me, and the information in this petition is true and correct. I understand that a false statement of a material fact may serve as the basis for prosecution for perjury.

Date:

1/10/2023

  
\_\_\_\_\_  
*Signature of Petitioner*

\_\_\_\_\_  
*Signature of Attorney or other authorized person, if any*



BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: Case manager Washington	DATE: 12-15-2022
FROM: Justin Holland	REGISTER NO. 73612018
WORK ASSIGNMENT: N/A	UNIT: NCC

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Ms. Washington

I've been trying to submit an 8.5 admin remedy to get my FSA credits fixed and applied but I'm being denied one and told that it will just go in the trash and go unanswered. I'm now keeping copies of all requests. I have been low recidivism, camp status since self surrender 11-30-21. I am due 15 days per 30 not 10 per BOP policy on FSA credits. I have been on waitlists since arrival, but not a lot of classes are offered to hospital inmates. I have completed i-journaling, drinking

over  
→

(Do not write below this line)

DISPOSITION:

Signature Staff Member

Date

Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94

enough water, card making, chair aerobics, foundations, I am enrolled in Blackstone Paralegal college that is 915 hours core Parenting phase 1, Religious Service Encounters, religious Services bible study packet program. I am due the full year to me. This would allow me to be at the 25% I need to be at to apply for Cares act. As you know I had a stroke in July and need a lot of help. Unit manager Cottrell told me I can apply for Cares at 25% but I'm not being given my credits. Several other inmates have had their year applied by you and regional to go home on Cares one is Tomika Parker who left April 19, 2022 after you manually gave her what was owed. I get 15 days per 30 plus the credit for each completed class. Please help me get this done. Thank you  
Justina Holland

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Holland Justina M 736/2018 NCC FMC Corswell  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST Application of FSA credits

- I was denied an answer or ability to do an 8.5 so I had to send reports instead to Case mgr Washington and Unit Mgr Cottrell
  - I am owed 15 days per 30 plus for 8 completed classes and Blackstone Paralegal 915 hours. I am owed the full 365 days off for FSA. I'm low recedivism. FSA eligible and these credits are holding me back from applying to go home on cares act per my conversation with <sup>Unit</sup> Case mgr Cottrell. I'm very sick care level 3 had a stroke need INVA assistance with everything Please help me!
- 12-21-2022 assistance with everything

DATE

SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

Part C- RECEIPT

Return to: \_\_\_\_\_  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: \_\_\_\_\_

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)



BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: Unit Manager Mr. Cottrell	DATE: 12-26-2022
FROM: Joshua Holland	REGISTER NO. 73612018
WORK ASSIGNMENT: unassigned	UNIT: WCE

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Mr. Cottrell,

I wanted to let you know I am being denied the ability to file my admin remedies so that I can get my 365 days of FSA credits owed to me. As we discussed after my smoko when I reach 2590 of my sentence you would process my cares act paperwork as I qualify due to being a Core level 3, needing assistance with all AOLS, and not being able to provide self care here. When I asked the counselor for an 8.5 I was told it was going to go in the trash anyway and would not <sup>work</sup> →

(Do not write below this line)

DISPOSITION:

Signature Staff Member

Date

Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94

Case 4:23-cv-00041-Y Document 1 Filed 01/12/23 Page 13 of 24 PageID 13  
give me one So I sent it in a paper cap at to  
Case mgr. Washington which I was told by  
Staff would suffice for me 8.5. I was handed  
my cap at back at her open house unanswered  
and told they don't do this. I said that is  
untrue as inmate Tomika Parker who left on  
April 19, 2022 was given the full 365 days off  
after only serving 5 months so that she may  
go home on cares act. She was in same medical  
situation as me. I was able to get a BP-9  
from someone who had an extra because  
again I was denied. When I turned it in  
I was given it back by ms. K the Secretary  
of the warden saying I don't have a denial of  
8.5 so this can't be answered. I then went  
back to counselor to get a BP-10 but again  
was refused being told that it would be rejected  
without an answer to my 8.5 and 9. How  
are we supposed to get anything done without  
the ability to do remedies. I am doing two  
copies of this cap at for my records. Please  
help!

Thank you

Justina Holland

**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: HOLLAND, JUSTINA MARIA  
Date of Birth: [REDACTED] 4  
Encounter Date: 09/29/2022 08:10

Sex: F Race: WHITE  
Provider: Williams, M. OTR, OTD

Reg #: 73612-018  
Facility: CRW  
Unit: F04

Occupational Therapy - Progress Note encounter performed at Rehabilitation Services.

**SUBJECTIVE:**

COMPLAINT 1 Provider: Williams, M. OTR, OTD

Chief Complaint: Upper Extremity Pain

Subjective: OT Consultation per NP Marri:

**Reason for Request:**

37 yo WF, New to facility requesting for wheel chair as she reports h/o of para functional neurological disorder. Please evaluate functional status and need for wheel chair.

**Provisional Diagnosis:**

Para functional neurological disorder.

Pt seen in rehab department for re-evaluation.

PAIN: Pt reported pain in R hand as 9/10 in 5th digit, 8/10 in 4th digit, 6/10 2-3 digits, and 3/10 in thumb.

Pt reported she is wearing foam-tubing wrapped in co-band to prevent contractures in R hand for 3 hours a day.

**Pain:** Not Applicable

**OBJECTIVE:**

**EXAM Comments**

Pt transported to rehab department by transport inmate worker.

Pt is modified independent to self-propel using LUE and LLE in wheelchair in rehab department with RLE elevated on footrest.

**AROM**

(approx. degrees) seated in wheelchair

Shoulder Flexion: R 110-120, L 170-180

Shoulder Abduction: R 90-100, L 165-175

Bilateral elbow and wrist flexion/extension, and forearm pronation and supination AROM are WFL

L hand/digits AROM WFL

R thumb AROM WFL

At rest, R hand is positioned with palm in pronation, R 2-5 digit MCPs, PIPs and DIPs flexed. Pt has no flexion/extension AROM in R digits 2-5. OT able to passively extend R 2-5 digits MCP, PIP and DIP joints.

**ADLs per pt report**

Eating: needs assistance cutting food.

Grooming: total assistance to do hair. Washes face and brushes teeth with L hand. Attempted to use R hand to hold tooth brush, but tooth brush slips out of R hand.

EXHIBIT E  
(Part 1 of 2)  
Pages 1-200



Inmate Name: HOLLAND, JUSTINA MARIA

Reg #: 73612-018

Date of Birth: [REDACTED] 84

Sex: F Race: WHITE

Facility: CRW

Encounter Date: 09/29/2022 08:10

Provider: Williams, M. OTR, OTD

Unit: F04

Upper Body Dressing: moderate assistance due to help needed to don bra and button shirt.

Lower Body Dressing: maximum assistance. Pt can don/doff underwear, socks and sweatpants if she is not wet post shower. If she is wet from shower she needs assistance to don underwear, socks, and sweatpants. Pt needs assistance to tie shoes and don khakis.

Shower Transfers: uses INA assistance.

THERAPEUTIC EXERCISE/ACTIVITY: In order to increase extension AROM in R 2-5 digits, 10 minute passive extension on R 2-5 digits with forearm/palm in supination, and dorsum of R hand resting on foam pad.

-10 minute ice pack on dorsum of R hand with forearm/palm in pronation and palm resting on foam pad.

#### ASSESSMENT:

N/M Impairment Non-Progressive CNS Disorder

Pt diagnosed with functional neurologic/psychiatric disorder. Initial evaluation was 12/06/2021, and OT completed re-evaluation to assess changes in pt's functional status on 7/28/2022. Patient demonstrates and/or reports functional limitations in R UE/R LE AROM, independence with ADL completion and functional mobility.

Pt will benefit from skilled OT to increase safety and independence with ADLs, functional mobility, and increase R 2-5 digits AROM.

#### 9-29-2022 RE-EVALUATION GOALS

1. Pt will wear comfy splint on R hand for one hour to increase R 2-5 digits extension AROM in 2-4 weeks.
2. Pt will be modified independent to self propel in wheelchair from housing unit <> rehab department using bilateral UE in 6-8 weeks.
3. Pt will be independent with eating in 6-8 weeks.

#### 7-28-2022 RE-EVALUATION GOALS

1. Pt will be modified independent with home exercise program to prevent contracture of R hand in 2-4 weeks. (discontinue)
2. Pt will complete UE dressing with Modified Independence with adaptive equipment/durable medical equipment as needed in 6-8 weeks. (discontinue)
3. Pt will complete LE dressing with Modified Independence with adaptive equipment/durable medical equipment as needed in 6-8 weeks. (discontinue)
4. Pt will complete wheelchair <> shower chair transfer with Modified Independence with adaptive equipment/durable medical equipment as needed in 6-8 weeks. (discontinue-showering will be addressed in PT)
5. Pt will be modified independent to self propel in wheelchair from housing unit <> rehab department in 6-8 weeks. (progressing/revised goal)

#### PLAN:

#### Disposition:

Will Be Placed on Callout

#### Other:

Continue OT plan of care. OT to see pt as schedule permits.

#### Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
09/29/2022	Counseling	Plan of Care	Williams, M.	Verbalizes Understanding

Pt educated on the role and purpose of OT at this date.

Copy Required: No

Cosign Required: No

Telephone/Verbal Order: No

Inmate Name: HOLLAND, JUSTINA MARIA

Reg #: 73612-018

Date of Birth: [REDACTED] 4

Sex: F Race: WHITE

Facility: CRW

Encounter Date: 09/29/2022 08:10

Provider: Williams, M. OTR, OTD

Unit: F04

Completed by Williams, M. OTR, OTD on 09/29/2022 15:33

**Individualized Needs Plan - Program Review (Inmate Copy)**

SEQUENCE: 02262978

Dept. of Justice / Federal Bureau of Prisons

Team Date: 12-05-2022

Plan is for inmate: HOLLAND, JUSTINA MARIA 73612-018

**FRP Deposits**

Trust Fund Deposits - Past 6 months: \$750.00

Payments commensurate ? Y

New Payment Plan: \*\* No data \*\*

**Current FSA Assignments**

Assignment	Description	Start
FTC ELIG	FTC-ELIGIBLE - REVIEWED	01-05-2022
N-ANGER Y	NEED - ANGER/HOSTILITY YES	11-23-2022
N-ANTISO N	NEED - ANTISOCIAL PEERS NO	11-23-2022
N-COGN TV N	NEED - COGNITIONS NO	11-23-2022
N-DYSLEX N	NEED - DYSLEXIA NO	12-02-2021
N-EDUC Y	NEED - EDUCATION YES	11-23-2022
N-FIN PV Y	NEED - FINANCE/POVERTY YES	11-23-2022
N-FM/PAR Y	NEED - FAMILY/PARENTING YES	11-23-2022
N-M HLTH N	NEED - MENTAL HEALTH NO	11-23-2022
N-MEDICL Y	NEED - MEDICAL YES	11-23-2022
N-RLF Y	NEED - REC/LEISURE/FITNESS YES	11-23-2022
N-SUB AB N	NEED - SUBSTANCE ABUSE NO	11-23-2022
N-TRAUMA Y	NEED - TRAUMA YES	11-23-2022
N-WORK Y	NEED - WORK YES	11-30-2022
R-LW	LOW RISK RECIDIVISM LEVEL	11-23-2022

**Progress since last review**

Did not incur any incident reports since last program review.

**Next Program Review Goals**

Take at least two ACE classes, do not incur any incident reports, take the Assert yourself for female offenders and the Criminal thinking course.

**Long Term Goals**

Completed the ROP courses prior to 8/2028.

**RRC/HC Placement****Comments**

Routine Reassessment conducted, no PREA concerns met or noted.

REVIEW FOR RRC/HC WITHIN 17 TO 19 MONTHS OF HER RELEASE DATE; REVIEW FOR SECOND CHANCE ACT; RELEASE METHOD CHANGE TO FSA

CRWCH 540\*23 \*  
PAGE 001SENTENCE MONITORING  
COMPUTATION DATA  
AS OF 12-05-2022

\* 14:05:10

REGNO...: 73612-018 NAME: HOLLAND, JUSTINA MARIA

FBI NO.....: 665814KC0  
ARS1.....: CRW/A-DES  
UNIT.....: MED/SURG  
DETAINERS.....: NO

DATE OF BIRTH: 10-10-1984 AGE: 38

QUARTERS.....: F04-130L  
NOTIFICATIONS: NO

FSA ELIGIBILITY STATUS IS: ELIGIBLE

THE FOLLOWING SENTENCE DATA IS FOR THE INMATE'S CURRENT COMMITMENT.

HOME DETENTION ELIGIBILITY DATE....: 02-01-2028

FINAL STATUTORY RELEASE FOR INMATE.: 09-22-2028 VIA GCT REL  
WITH APPLIED FSA CREDITS.: 50 DAYS

THE INMATE IS PROJECTED FOR RELEASE: 08-03-2028 VIA FSA REL

-----CURRENT JUDGMENT/WARRANT NO: 010 -----

COURT OF JURISDICTION.....: FLORIDA, MIDDLE DISTRICT  
DOCKET NUMBER.....: 6:20-CR-86-RBD-EJK  
JUDGE.....: DALTON  
DATE SENTENCED/PROBATION IMPOSED: 10-25-2021  
DATE COMMITTED.....: 11-30-2021  
HOW COMMITTED.....: US DISTRICT COURT COMMITMENT  
PROBATION IMPOSED.....: NO

	FELONY ASSESS	MISDMNR ASSESS	FINES	COSTS
NON-COMMITTED.:	\$2,200.00	\$00.00	\$00.00	\$00.00
RESTITUTION...:	PROPERTY: NO	SERVICES: NO	AMOUNT: \$1,161,185.64	

-----CURRENT OBLIGATION NO: 010 -----  
OFFENSE CODE.....: 820 COMMUNICATIONS ACT  
OFF/CHG: 18:1341 MAIL FRAUD (CT1-3); 18:1341 WIRE FRAUD (CT4-15)  
18:1029(A) (2), (B), (C) (1) (A) (II) AND 2 ACCESS DEVICE FRAUD  
(CT16,18); 18:641 AND 2 THEFT OF GOVERNMENT PROPERTY (CT19);  
42:408(A) (7) (B) AND 2 FALSE USE OF A SOCIAL SECURITY NUMBER  
(CT20,21)SENTENCE PROCEDURE.....: 3559 PLRA SENTENCE  
SENTENCE IMPOSED/TIME TO SERVE.: 72 MONTHS  
TERM OF SUPERVISION.....: 3 YEARS

G0002

MORE PAGES TO FOLLOW . . .

REGNO...: 73612-018 NAME: HOLLAND, JUSTINA MARIA

DATE OF OFFENSE.....: 11-25-2015

-----CURRENT OBLIGATION NO: 020 -----  
OFFENSE CODE....: 160 18:1028 FRAUD IDENTITY THEFT  
OFF/CHG: 18:1028A(A) (1) AND 2 AGGRAVATED IDENTITY THEFT (CT17,22)

SENTENCE PROCEDURE.....: 3559 PLRA SENTENCE  
SENTENCE IMPOSED/TIME TO SERVE..: 24 MONTHS  
TERM OF SUPERVISION.....: 1 YEARS  
RELATIONSHIP OF THIS OBLIGATION  
TO OTHERS FOR THE OFFENDER....: CS TO OBLG 010  
DATE OF OFFENSE.....: 06-09-2015

-----CURRENT COMPUTATION NO: 010 -----

COMPUTATION 010 WAS LAST UPDATED ON 11-30-2021 AT DSC AUTOMATICALLY  
COMPUTATION CERTIFIED ON 12-22-2021 BY DESIG/SENTENCE COMPUTATION CTR

THE FOLLOWING JUDGMENTS, WARRANTS AND OBLIGATIONS ARE INCLUDED IN  
CURRENT COMPUTATION 010: 010 010, 010 020

DATE COMPUTATION BEGAN.....: 11-30-2021  
AGGREGATED SENTENCE PROCEDURE...: AGGREGATE GROUP 800 PLRA  
TOTAL TERM IN EFFECT.....: 96 MONTHS  
TOTAL TERM IN EFFECT CONVERTED..: 8 YEARS  
AGGREGATED TERM OF SUPERVISION...: 3 YEARS  
EARLIEST DATE OF OFFENSE.....: 06-09-2015

JAIL CREDIT.....: FROM DATE THRU DATE  
06-10-2020 06-10-2020

REGNO...: 73612-018 NAME: HOLLAND, JUSTINA MARIA

TOTAL PRIOR CREDIT TIME.....: 1  
TOTAL INOPERATIVE TIME.....: 0  
TOTAL GCT EARNED AND PROJECTED...: 432  
TOTAL GCT EARNED.....: 54  
STATUTORY RELEASE DATE PROJECTED: 09-22-2028  
ELDERLY OFFENDER TWO THIRDS DATE: 03-31-2027  
EXPIRATION FULL TERM DATE.....: 11-28-2029  
TIME SERVED.....: 1 YEARS 7 DAYS  
PERCENTAGE OF FULL TERM SERVED...: 12.7  
PERCENT OF STATUTORY TERM SERVED: 14.9

PROJECTED SATISFACTION DATE.....: 08-03-2028  
PROJECTED SATISFACTION METHOD....: FSA REL  
WITH FSA CREDITS INCLUDED....: 50

REMARKS.....: 11/30/21 VS, COMP CMPLT L/ALH.

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**Bureau of Prisons  
Health Services  
Medical Duty Status**

Reg #: 73612-018

Inmate Name: HOLLAND, JUSTINA MARIA

**Housing Status**

\_\_\_ confined to the living quarters except \_\_\_ meals \_\_\_ pill line \_\_\_ treatments Exp. Date: \_\_\_\_\_  
 \_\_\_ on complete bed rest: \_\_\_ bathroom privileges only Exp. Date: \_\_\_\_\_  
X cell: \_\_\_ cell on first floor \_\_\_ single cell X lower bunk \_\_\_ airborne infection isolation Exp. Date: \_\_\_\_\_  
 \_\_\_ other: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Physical Limitation/Restriction**

\_\_\_ all sports Exp. Date: \_\_\_\_\_  
 \_\_\_ weightlifting: \_\_\_ upper body \_\_\_ lower body Exp. Date: \_\_\_\_\_  
 \_\_\_ cardiovascular exercise: \_\_\_ running \_\_\_ jogging \_\_\_ walking \_\_\_ softball Exp. Date: \_\_\_\_\_  
 \_\_\_ football \_\_\_ basketball \_\_\_ handball \_\_\_ stationary equipment  
 \_\_\_ other: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**May have the following equipment in his / her possession:**

Equipment	Start Date	End Date	Return Date
Hospital Bed	12/20/2022		
Pillow	09/30/2022	09/30/2023	
Extra pillow to prevent skin sheering			
Personal Adaptive Equipment	08/03/2022	08/03/2023	
Foam Tubing wrapped in co-band.			
Wheelchair	07/26/2022	07/26/2023	
Personal Adaptive Equipment	02/17/2022		
Cup with straw replaced on 8/22/2022			
Toilet Seat - Elevated	12/17/2021	12/17/2023	
Shower Chair/Bench	12/17/2021	12/17/2023	
Personal Adaptive Equipment	12/17/2021	12/17/2023	
Long-handle sponge			
Compression garment - leg	12/16/2021	01/16/2022	
Walker	11/30/2021		

**Work Restriction / Limitation:**Cleared for Food Service: No**Restriction****Expiration Date**

No Ladders  
 No Lifting More Than 15 Pounds  
 No Prolonged Standing  
 Partial Paralysis, Upper



Reg #: 73612-018

Inmate Name: HOLLAND, JUSTINA MARIA

Comments: She is care level 3 as she has right hemiparesis and needs help with transfers, bathing, mobility

Rios, Matthew MD

12/20/2022

Health Services Staff

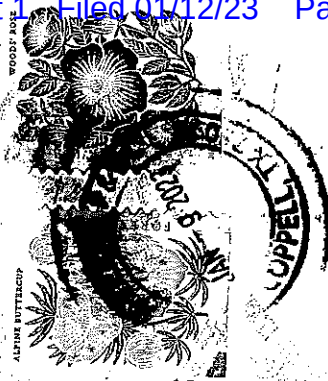
Date

Inmate Name: HOLLAND, JUSTINA MARIA

Reg #: 73612-018

Quarters: F04

ALL EXPIRATION DATES ARE AT 24:00



Name: Justina Holland  
Reg. No. 73612018 NCC-13  
Carswell FMC  
P.O. Box 27137  
Fort Worth, TX 76127

↔ 73612-018 ↔  
Clerk Cour Us Courthouse  
501 W 10TH ST  
Rm 310  
FORT Worth, TX 76102  
United States

